

<b>Case Number:</b>	CM15-0200002		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64 year old female, who sustained an industrial injury on 9-2-2011. The injured worker was being treated for headache, occipital neuralgia, and cervical myofascial pain. Medical records (9-1-2015) indicate ongoing daily headaches. The physical exam (9-1-2015) reveals sensitivity over the posterior scalp and pressure over the greater and lesser occipital nerve included the pain. There is guarding of the neck, palpable spasm into the rhomboids and levator scapulae, and 70% of normal neck flexion and extension. Treatment has included a cervical epidural steroid injection and medications including Tramadol, Amitriptyline, and Gabapentin. Per the treating physician (9-1-2015 report), the injured worker has not returned to work since 2011. On 9-1-2015, the requested treatments included trigger point injections x 8. On 9-18-2015, the original utilization review non-certified a request for trigger point injections x 8.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Trigger point injections x 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Activity Alteration, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter and pg 90.

**Decision rationale:** According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The claimant has already received epidural injections. The ODG guidelines recommend no more than 3-4 injections at a time for myofascial pain. Therefore the request for 8 cervical trigger point injection is not medically necessary.